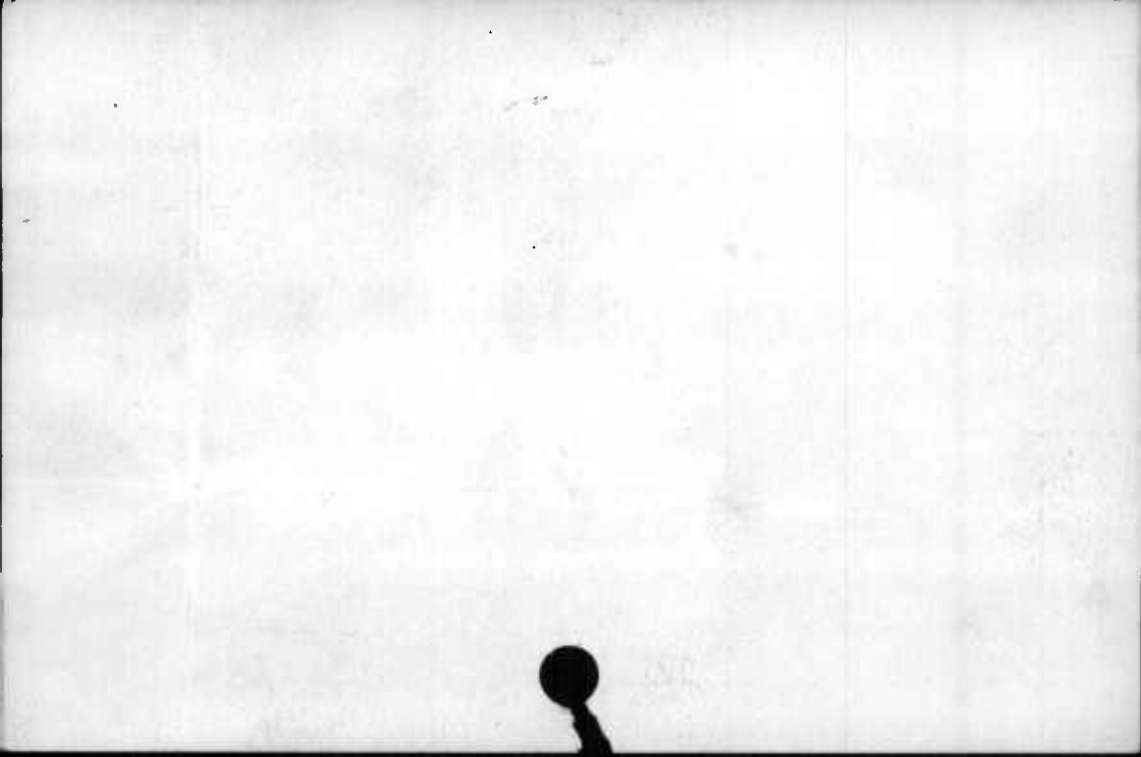


Name in Full		George Bennett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Ridge		County St Marys		MARYLAND	
	Date of death 1906		Month Aug		Day 29		Age 64	
	Sex male		Color or Race Gol		Birth-place Md		Months	
	Married, Single or Widowed		Widowed		Occupation			
	Name of Wife or Husband		/					
	Father's Name		Don't Know		Father's Birthplace			
	Mother's Maiden Name		Don't Know		Mother's Birthplace			
Name of person giving information		Lee		(20)		How related to deceased Son-in-law		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Bright's (Chronic)		How long		3 years	
	Immediate		Exhaustion		How long		2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		P. H. Lloyd, Ridge, Md.	
	Accident or Suicide?		/					



Name
in
Full

CERTIFICATE OF DEATH

Peter H. Guy -

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Clements

^{County} St. Marys

Date of death 1906 Aug.

Day 20

Age Years 80

Months

Days

Sex Male

Color or Race

White

Birth-place

Ind

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Jane Guy

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Carcinoma Kidney

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

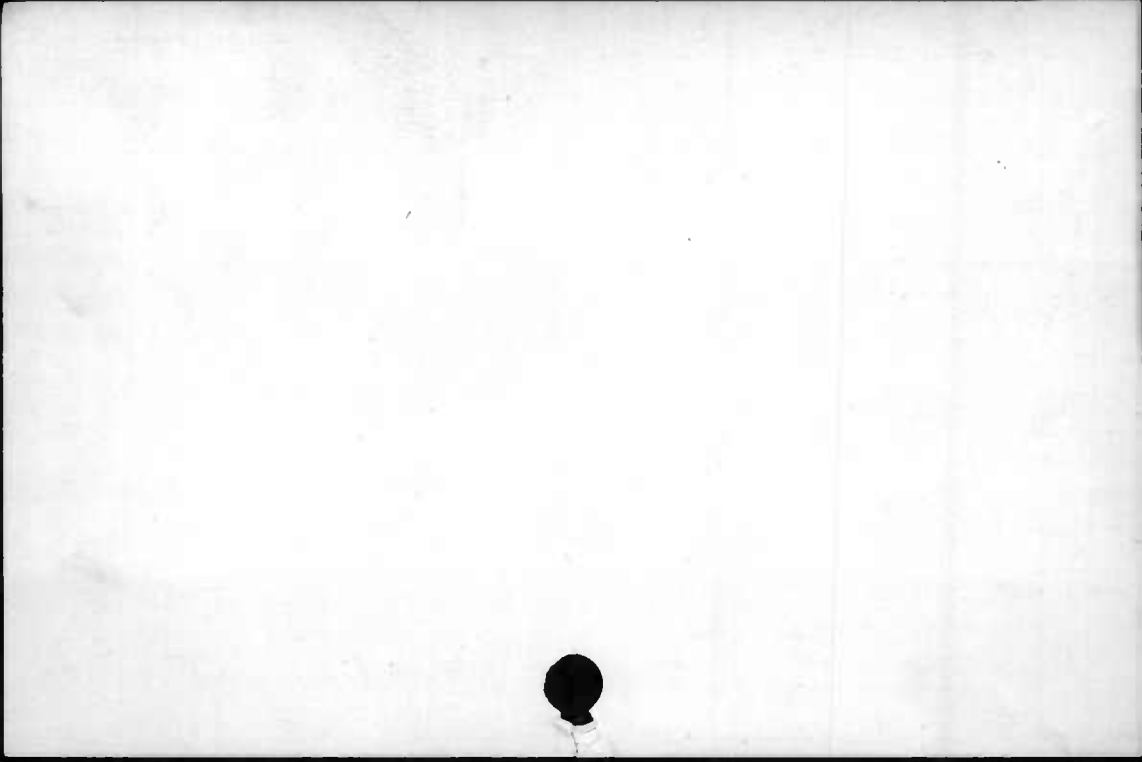
Signature of Physician

L. B. Johnson -
Morgantown

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Douglas Keale

Town

County

Died at Laurel Grove St. Marys

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

8

11

Age

36-

Sex

Male

Color or
Race

Colored

Birth-
place

St. Mary's Co.

Occupation

Farmer

Where Residing if not
at place of death

St. Mary's Co.

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Hannie Jackson

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Eliza Keale

Mother's
Birthplace

St. Mary's Co.

Name of person giving
information

D. Y. Dixon

How related
to deceased

None

CAUSES OF DEATH

Primary

Hemorrhage from nose

How long

Three weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jack R. Morgan
Mechanicsville
Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER

